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U.S. Patent and Trademark Office M/S AF	(703) 872-9306	

FROM: Robert E. Scheid (Reg. No. 42,126)**DATE:** April 15, 2005

Number of pages with cover page:	8
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Contents of this Transmission:

Attv Docket No.:306812002601

Inventor: David M. LEWIS et al.

Application No.: 10/623,709

Filing Date: July 21, 2003

Group Art Unit: 2819

Examiner: D. P. Le

Title: ROUTING ARCHITECTURE FOR A PROGRAMMABLE LOGIC DEVICE

Documents Filed:

Transmittal (1 page)

Fee Transmittal w/duplicate copy for fee processing (2 pages)

Amendment (3 pages)

Terminal Disclaimer (1 page)

Facsimile Return Receipt Cover Sheet

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RES4/jxh3

Date

April 15, 2005

PTO/SB/21 (09-04)

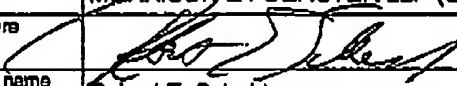
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<h1 style="text-align: center;">TRANSMITTAL FORM</h1> <p style="text-align: center;">(to be used for all correspondence after initial filing)</p>		Application Number	10/623,709
		Filing Date	July 21, 2003
		First Named Inventor	David LEWIS
		Art Unit	2819
		Examiner Name	D. P. Le
Total Number of Pages in This Submission	7	Attorney Docket Number	306812002801

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form w/duplicate copy for fee processing (2 pages) <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply (3 pages) <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer (1 page) <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Facsimile Return Receipt Cover Sheet
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Firm Name	MORRISON & FOERSTER LLP (Customer No. 20872)		
Signature			
Printed name	Robert E. Scheid		
Date	April 15, 2005	Reg. No.	42,126

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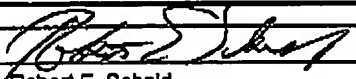
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/623,708
		Filing Date	July 21, 2003
		First Named Inventor	David LEWIS
		Examiner Name	D. P. Le
		Art Unit	2819
TOTAL AMOUNT OF PAYMENT (\$) 130.00		Attorney Docket No.	306812002601

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
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FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		<u>Small Entity</u>		<u>Small Entity</u>		<u>Small Entity</u>	
<u>Application Type</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100	0
Design	200	100	100	50	130	65	0
Plant	200	100	300	150	160	80	0
Reissue	300	150	500	250	600	300	0
Provisional	200	100	0	0	0	0	0
							<u>Small Entity</u>
							<u>Fee (\$)</u> <u>Fee (\$)</u>
Each claim over 20 (including Reissues)							50 25
Each independent claim over 3 (including Reissues)							200 100
Multiple dependent claims							360 180
<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>		<u>Multiple Dependent Claims</u>		
25	25-	0	x 50 = 0		<u>Fee (\$)</u> <u>Fee Paid (\$)</u>		
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<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>				
2	2-	0	x 200 = 0				
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(e).							
<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>		<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>		
- 100 =	/50	(round up to a whole number) x		=	0		
							<u>Fees Paid (\$)</u>
							0
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1814 Statutory Disclaimer							130.00

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	42,126
Name (Print/Type)	Robert E. Scheld	Telephone	(415) 268-6369
		Date	April 15, 2005

sf-1912340

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<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT	(\$)	130.00	

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number <u>03-1952</u> Deposit Account Name <u>Morrison & Foerster LLP</u>	
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	FILING FEES		SEARCH FEES		EXAMINATION FEES														
		<u>Small Entity</u>		<u>Small Entity</u>		<u>Small Entity</u>													
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)												
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Plant	200	100	300	150	160	80	0												
Reissue	300	150	500	250	600	300	0												
Provisional	200	100	0	0	0	0	0												
2. EXCESS CLAIM FEES																			
							<u>Small Entity</u>												
Fee Description							Fee (\$)												
Each claim over 20 (including Reissues)							50												
Each independent claim over 3 (including Reissues)							200												
Multiple dependent claims							360												
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SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	42,126
Name (Print/Type)	Robert E. Scheid	Telephone	(415) 288-8369
		Date	April 15, 2005